

**Medication of choice:**

Over the counter cough and cold medicine BID for 3 days if no HTN or cardiac issues  
If patient has history of HTN/ cardiac issues, call provider for orders first.

Physician's Orders:

*Results normal - in*  
*Place on provider list*  
*Encourage fluid intake*

STAFF SIGNATURE

Date: 3/26/19

PHYSICIAN'S SIGNATURE

Date: 3/28/19

Hills, Kristina Marie

DOB: 09/17/1976

NN#: 644

Allergies: NKDA

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

3/26/19  
Date1210  
Time

Allergies: NKDA

**S. Ask the inmate:**Do you have a history of asthma? noIs there history of COPD/emphysema? noHow long have you had the symptoms? 1 week

Is the cough productive? If yes, what is the amount and color of sputum?

yellowish / green / brownAre any of the following symptoms present, runny nose, fever, headache, earache, dyspnea or chills? noAny history of high blood pressure or cardiac issues? no**O. Examine the inmate: T: 98.7 P 110 R 18 B/P 120/79, 97%**Lung sounds: Rhonchi noted upper & middle lobes, diminished @ basesGeneral appearance: goodExamine throat and ear canals: throat white, @ ear slightly pink**P. Treatment:**

\*Increase clear fluid intake

\*Obtain rapid strep screen if sore throat for more than 3 days

\*Advise patient to follow up if symptoms worsen or are not relieved with protocol treatment

**Contact provider if:**

Temperature is greater than 100.7 degrees

Any pustules on tonsils or back of throat.

Rapid strep screen is positive.

Difficulty breathing/adventitious lung sounds

Any pressure in facial area with symptoms for more than 10 days

Any rash noted along with symptoms